

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10777144</u>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1		1				51	
2				1			52	
3				1			53	
4				1			54	
5				4			55	
6				4			56	
7				4			57	
8				4			58	
9				4			59	
10				4			60	
11				4			61	
12							62	
13							63	
14							64	
15							65	
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38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		1				TOTAL IND.	
TOTAL DEP.	29		29				TOTAL DEP.	
TOTAL CLAIMS	30		30				TOTAL CLAIMS	